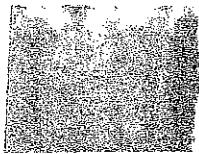


Appendix A

List of The Appellants Prescribed Medication (by name and dose)

(See brief, page 11)

Appendix B



Some illegal substances have achieved a degree of social acceptance by various subcultural groups within our society. These drugs, such as marijuana and hashish, are by no means harmless, and the long-term effects are still being studied. On the other hand, the dangerous effects of other illegal substances (e.g., LSD, phencyclidine, cocaine, and heroin) have been well documented.

This chapter discusses the physical and behavioral manifestations and personal and social consequences related to the abuse of or dependency on alcohol, other CNS depressants, CNS stimulants, opioids, hallucinogens, and cannabinoids. The behavioral changes associated with abuse of these substances would be viewed as extremely undesirable in almost all cultures (APA, 1987).

The concept of co-dependency is described in this chapter, including aspects of treatment for the disorder. The issue of substance impairment within the profession of nursing is also explored. Nursing care for the person who abuses or is dependent on substances is presented in the context of the five steps of the nursing process.

PSYCHOACTIVE SUBSTANCE DEPENDENCE

Physical Dependence

This disorder is evidenced by a cluster of cognitive, behavioral, and physiologic symptoms that indicate a loss of control over use of the substance and a continual use of the substance despite adverse consequences (APA, 1987). As this condition develops, the repeated administration of the substance necessitates its continued use to prevent the appearance of unpleasant effects characteristic of the withdrawal syndrome associated with that particular drug (Bratter & Forrest, 1985). The development of physical dependence is promoted by the phenomenon of tolerance. Tolerance is indicated by the need for increasingly larger or more frequent doses of a substance to obtain the desired effect originally produced by a lower dose.

Psychological Dependence

An individual is considered to be psychologically dependent on a substance when its use is perceived by the user to be necessary to maintain an

optimal state of personal well-being, interpersonal relations, or skill performance (Bratter & Forrest, 1985).

DSM-III-R Criteria for Psychoactive Substance Dependence

At least three of the following characteristics must be present for a diagnosis of psychoactive substance dependence:

1. The individual often consumes the substance in larger amounts or over a longer period than originally intended (e.g., decides to have one drink of alcohol but continues to drink until severely intoxicated).
2. Recognition that the substance use is excessive has led to unsuccessful attempts to reduce or control it (as long as the substance is available). This also includes evidence of the desire to reduce or control use of the substance without ever having attempted to do so.
3. A great deal of time is spent in activities necessary to procure the substance (including theft), using the substance, or recovering from its effects.
4. The individual is frequently intoxicated or recovering from withdrawal symptoms during times that interfere with fulfillment of major role obligations at work, school, or home, or during times in which substance use is physically hazardous (e.g., does not go to work because hung over; goes to school or work "high"; intoxicated while taking care of children; drives while intoxicated).
5. Important social, occupational, or recreational activities are discontinued or reduced because of substance use (e.g., may choose to spend time using substance alone or with substance-using friends rather than in activities with family).
6. The individual continues to use the substance despite knowledge of having a persistent or recurrent social, psychological, or physical problem that is caused or exacerbated by its use (e.g., continues to drink alcohol despite family arguments about it, depressed mood, or exacerbation of alcohol-induced gastritis).
7. Significant tolerance develops, evidenced by

Appendix C

1. **Establish a therapeutic relationship.** A therapeutic relationship conveys acceptance of the individual aside from the unacceptable act of suicide. If even one person is able to establish rapport with the patient, this may well be the best protection against suicide.
2. **Communicate the potential for suicide to team members.** This is an around-the-clock team effort. Any clues of potential suicide, no matter how insignificant they may seem, should be reported to all team members, including the physician. Subtle clues may well reveal intent, and after-the-fact is too late to make the determination that the patient was indeed serious about suicide.
3. **Stay with the person.** Provide watchful care and give the person a sense of assurance that control will be provided until he or she can regain self-control. The nurse's presence will convey support for the suicidal person throughout the current crisis.
4. **Accept the person.** Show unconditional positive regard. That is, convey to the individual: "I care about you and accept you for no other reason than the fact that you are a fellow human being." Unless the suicide potential is extremely acute, don't completely isolate this person from others and strip him or her of all personal possessions. This only serves to intensify feelings of worthlessness. Do, however, make the environment safe. Remove sharp items, belts, ties, smoking materials, and substances with which the individual could harm himself or herself.
5. **Listen to the person.** After the patient comes to realize that the nurse is interested in and accepts him or her, the nurse should encourage the patient to identify, examine and share the source of the current emotional pain. The suicide risk may decrease if the individual feels that someone hears and understands what he or she is feeling. Explore with the patient others who might be available to provide comfort. Perhaps communication patterns with significant others may need improvement.
6. **Secure a no-suicide contract.** Have the patient promise (verbally or in writing) that he or she will not attempt suicide for a specified length of time. When that time has elapsed, secure

another promise. This gives the nurse and other professionals some time to help the patient. This may also offer the patient a sense of relief for getting the idea of suicide out in the open and discussing it in a nonjudgmental environment with a trusted individual.

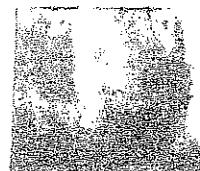
7. **Give the person a message of hope.** The suicidal person views life as hopeless, without any possibility for improvement. He or she undoubtedly has many ambivalent feelings regarding living or dying, but without hope for betterment, sees life as not worth living. After listening to the patient's expression of emotional pain, encourage him or her to accept a message of optimism that life can be better. Discuss possible alternatives available to solve painful issues, and convey to the patient that although the process may be very difficult, a measure of hope does exist.
8. **Give the person something to do.** Meaningful activities that release tension and anger can benefit the individual by allowing a medium for expression of hostility and aggression in a constructive manner. Large motor activities, such as volleyball, pounding clay, or repairing, sanding, and refinishing furniture, are best for this. It is also important that the individual resume independent participation in activities of daily living. Activities such as these that promote achievement and a sense of belonging increase feelings of self-worth, as the individual once again becomes involved in the interactions of living.

Evaluation

Evaluation of the suicidal patient is an ongoing process accomplished through continuous reassessment of the patient, as well as determination of goal achievement. Once the immediate crisis has been resolved, extended psychotherapy may be indicated. The long-term goals of individual or group psychotherapy for the suicidal patient would be for him or her to:

1. develop and maintain a more positive self-concept.
2. learn more effective ways to express feelings to others.

Appendix D



REPORT OF CONFINEMENT FOR DISCIPLINARY

TO: Installation Commander		INSTALLATION USACF-EUROPE, COLEMAN	DATE 5 Aug 99
<input type="checkbox"/> REPORT IS SUBMITTED OF DISCIPLINARY ACTION TAKEN IN THE CASE OF THE FOLLOWING PRISONER <input checked="" type="checkbox"/> RECOMMEND DISCIPLINARY ACTION IN THE CASE OF THE FOLLOWING PRISONER FOR THE REASONS STATED			
LAST NAME - FIRST NAME - MIDDLE INITIAL ARmann, KURTIS E.		GRADE E-1	SVC NO./SSAN [REDACTED]
DEPT OF MILITARY SERVICE US ARMY		STATUS <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> ADJUDGED <input type="checkbox"/> DETAINED <input type="checkbox"/> SENTENCED	CUSTODY CLASSIFICATION <input type="checkbox"/> MINIMUM <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> MAXIMUM
OFFENSE (Describe in detail giving date, violation, name of participants or witnesses) <p>On 05 AUG 99, Inmate Armann appeared before a three man Disciplinary Adjustment Board for CAT III& IV offenses, Violation of UC MJ Article 92, Attempted Suicide and Maiming/Self-Mutilation, and institution Rations Misuse. On 25 Jul 99, at approximately 2148 hours, SSG Webb entered D-Block to conduct a count of inmates prior to assuming the D-Block supervisor duties for the midnight shift. Shortly after beginning his count, SSG Webb returned to the D-Block guard office and told SGT James and SPC Cundall, the off-going D-Block guards, to contact the guard commander because Inmate Armann was trying to hurt or kill himself. Blood was everywhere in Armann's cell. The guard commander responded and observed SSG Webb using Armann's towels to apply pressure to both forearms of Armann. All appropriate notifications were made and the inmate was transported to the Mannheim Klinikum for treatment. After having his arms bandaged and his wounds sutured, the inmate was transported to the Heidelberg Hospital for a psychiatric evaluation. Upon completing the evaluation, the inmate was transported back to the confinement facility and was placed on suicide watch.</p>			
DISCIPLINARY ACTION (Describe, show date and duration) Written Reprimand and Warning Loss Good Conduct Time: (20) days suspended for 120 days.		<input type="checkbox"/> IMPOSED	<input checked="" type="checkbox"/> RECOMMENDED
IT IS RECOMMENDED THAT NUMBER OF PREVIOUS OFFENSES DURING CURRENT CONFINEMENT 00		DAYS OF ACCRUED GOOD CONDUCT TIME BE FORFEITED SIGNATURE OF CONFINEMENT OFFICER  NAME AND GRADE (Printed or Typed) KEVIN P. JAMES, 1LT, Confinement Officer	
HEADQUARTERS, Confinement Officer THE DISCIPLINARY ACTION RECOMMENDED ABOVE IS		1ST IND (Date) 8 Aug 99 <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
FOR THE COMMANDER NAME, GRADE, AND TITLE (Printed or Typed) STEVEN M. LYNCH, MAJ, MP, Commanding		SIGNATURE OF AUTHENTICATING OFFICER 	

Appendix E



Medication Synopsis

Medication Report

The Appellant was on numerous classes of medications at the same time, and all of the different types can interact on one another in some way or another. This report will reveal some of the more common and complex interactions of these substances.

The Appellant was on the following classes of medications:

1. Antidepressants
2. Antipsychotics
3. Barbiturates
4. Anticonvulsants
5. Central nervous system depressants
6. Sedative-Hypnotics
7. Opioids
8. Anti-migraine

All of the medications listed above interact with one another in some way. The majority of the medications list the other medications on the list as interacting with them. Some of the medications even go on to say that mixing these classes could cause sever side effects. ~~All of these medications cause sedation.~~ Six (6) reference books were used to write this report, so that all of this information could be cross-referenced thoroughly. The books are as follows: The Harvard Guide to Psychiatry 1978, Psychiatric Mental Health Nursing: Concepts of Care 1993, The Complete Guide to Pills 1999, The Pill Book 9th Edition, and The Feeling Good Handbook 1999. This is a significant amount of information to intake, but it is important to ensure that one understands the effects that all of this medication can have on a human being. When these medications are mixed the effects that they have could be unpredictable and even life threatening.

The first class of medication is the anticonvulsants. The Appellant was prescribed two different types. The first is Gabapentin, and the second is Seconal. Seconal is also classed as a sedative-hypnotic. These classes are usually prescribed for seizures, but are also prescribed for pain disorders, and psychological problems. Gabapentin works by reducing polysynaptic responses and post-tetanic potentiation of synaptic transmission, whereas, barbiturates such as Seconal reduce monosynaptic and polysynaptic transmission resulting in decreased excitability of the entire nerve cell. Precautions for use include caution when administering these drugs to the elderly or debilitated. This class of medication has numerous side effects such as ~~dizziness, drowsiness, unsteadiness, decreased mental alertness, nausea, vomiting, sore throat, and liver damage.~~ (See Appendix F for complete listing) This drug will interact with other central nervous system depressants, and both of these medications will interact on each other. This action will only intensify the depressive effects. You should avoid operating machinery or other activities, which require mental alertness. ~~This drug is a central nervous system depressant.~~ Withdrawals can be just as bad or worse than the regular effects of this medication.

Antidepressant medications are used in the treatment of dysthymic disorders, major depression, melancholia, or psychotic symptoms. They are also used for depression associated with organic disease, alcoholism, schizophrenia, depressive phase of BI-polar, and depression accompanied by anxiety. They are indicated for moderate to severe depression. There are different types of antidepressants such as tri-cyclics such as Elavil, SSRIs such as Paxil, and others such as Deseryl, all of which the Appellant was prescribed. Care should be used when administering to the elderly or debilitated, and with individuals that suffer from seizures. The side effects are very close with these medications and they include dry mouth, blurred vision, ~~sedation, orthostatic hypotension, constipation, tachycardia, disorientation, disturbed concentration, and delusions.~~ (See Appendix G for complete list) Anti depressants such as Elavil, increase to effects of barbiturates and other central nervous system depressants. Avoid tasks, which require mental alertness such as operating machinery or a car. Abrupt withdrawal from this medication can cause uncomfortable reactions and is not recommended.

Antipsychotic drugs are also referred to as *major tranquilizers* or *neuroleptics*. They are used in the treatment of acute to chronic psychoses, particularly when accompanied by increased psychomotor activity. The antipsychotic medication that the Appellant was prescribed was Compazine. This drug is commonly used to treat nausea and vomiting. The exact mechanism of pathology is not known, but the drug is believed to work by blocking postsynaptic dopamine receptors in basal ganglia, hypothalamus, limbic system, brainstem, and medulla. Antipsychotic effect may also be related to the inhibition of dopamine mediated transmission of neural impulses at synapses. These drugs should not be used when central nervous system depression is evident whether it is natural or drug induced. In nonprofessional's terms do not combine this drug which barbiturates or other narcotics. Caution should be used when administering to the elderly or debilitated. Side effects include: anticholinergic effects such as dry mouth, blurred vision, constipation, urinary retention, nausea, rash, sedation, orthostatic hypotension, and dizziness. Compazine may increase blood levels of tricyclic antidepressants such as Elavil and may compound their regular side effects. (See Appendix H for complete list) Abrupt withdrawal from this medication can cause serious complications than occur while taking this medication.

Barbiturates, such as Seconal, which the Appellant was prescribed, are barbiturates by nature, but are also classed as sedative-hypnotics. This is a very powerful class of medication that can cause serious side effects. In addition, medications use the active ingredient, butalbital, a barbiturate, as well as two other ingredients. Firocet and Fironal are in this class. Sedative-hypnotics are used for short-term management of various anxiety states, and are used to treat insomnia. Sedative-hypnotics cause generalized central nervous system depression. They may produce both tolerance and have the potential for psychological and physical dependence. Caution should be used when administering to the elderly or debilitated. The side effects for this class of medication are the same as antianxiety drugs, and these include ~~drowsiness, confusion, lethargy, tolerance, both physical, and psychological.~~ This drug may potentiate the effects of other central nervous system depressants. These drugs can also aggravate the symptoms of depression if they are present. (See Appendix I for more side effects) These medications should not be stopped abruptly. This action could cause life threatening side effects such as insomnia, cramps, vomiting, convulsions, and delirium. The combination of short-acting barbiturates, such as Seconal, and an antipsychotic, such as Compazine, was used at one time for the rapid sedation

of psychotic patients in emergency rooms. (See Appendix J page 427) Although short-acting barbiturates help with insomnia, they can also cause a side effect that is specific to their use. With barbiturates, the amount of sleep time spent dreaming is decreased. Some investigators believe that this decrease (or absence) of ~~repaid eye movement may be harmful and even capable of hastening psychotic episodes in some individuals~~. This poses a serious question as to what these drugs are capable of doing, and what would the effects of these medications be when combined with other classes of medications, such as sedatives.

There are also other types of medications that fall in between of classification, but are none the less prescribed for a specific purpose. Two such medications are Midrin and Phenergan. Midrin is a combination sedative/analgesic/vascular headache suppressant. It causes the blood vessels in the head to constrict, or become narrower, and it relieves pain. Some of Midrins more common side effects are dizziness and skin rash. This medication could interact with other CNS depressant. Phenergan is an antihistamine, and it blocks the action of histamine in the body, which causes swelling. It has many uses such as relief of nasal stuffiness, red eyes, and allergies, is prescribed with other medications to treat anaphylactic shock, and is also prescribe as a ~~sedative for children and adults~~. Side effects that are more common include blurred vision, dizziness, nausea, ~~sedation~~, and sleepiness. (See Appendix K for complete listing) This medication can interact with other medications such as antidepressants such as Elavil, Narcotic painkillers such as Demerol, sedatives and tranquilizers such as Compazine. May impair your ability your ability to drive a car or operate machinery. There is little if any types of withdrawals for this medication.

Demerol is a narcotic analgesic. It works by altering the response to painful stimuli. Side effects that are more common include dizziness, light-headedness, nausea, sweating, ~~sedation~~, and vomiting. (See Appendix L for complete listing) Demerol will interact with antidepressants such as Elavil, antihistamines such as Phenergan, major tranquilizers such as Compazine, sedatives such as Seconal, and minor tranquilizers. Caution should be taken when administering Demerol to the elderly or debilitated. This drug may impair your ability to drive a car or to operate heavy machinery. Be sure to monitor tolerance if the drug Demerol is used on an ongoing basis.

Atarax or Vistril is an antihistamine. It works by blocking the effects of histamine in the body. This chemical commonly causes swelling. Atarax is also used to treat anxiety from physical illness, and it is used as a sedative. Most common side of this drug is drowsiness. Care should be used when administering this drug to the elderly and debilitated. Atarax will interact with barbiturates such as Seconal, and narcotics such as Demerol. This drug may impair you ability to drive a car or operate machinery. ~~Do not take this medication with other antihistamines tranquilizers, or sedatives~~ (See Appendix M for complete listing)

In conclusion, all of these medications in this report can cause drowsiness and ~~problems with mental functioning~~ when used alone, but could be even worse when combined with the other classes of medications listed in this report. Combining these drugs could have unpredictable consequences. I think that the substance of ~~this report would conclude that this is dangerous practice to combine these drugs~~

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Psychiatric Mental Health Nursing: Concepts of Care
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The Feeling Good Handbook
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1999

Some additional information was obtained from various other internet sources

Appendix F

Anticonvulsants

Profile of

Substance

weather is very hot. Perspiration is decreased with antiparkinsonian agents, and the body cannot cool itself as well. There is greater susceptibility to heatstroke. Inform physician if air-conditioned housing is not available.

- * Take frequent sips of water, chew sugarless gum, or suck on hard candy if dry mouth is a problem. Good oral care (frequent brushing, flossing) is very important.
- * Not drink alcohol while on antiparkinsonian therapy.
- * Not consume other medications, including over-the-counter medications, without physician's approval. Many medications contain substances that interact with antiparkinsonian agents in a way that may be harmful.
- * Be aware of possible risks of taking antiparkinsonian agents during pregnancy. Safe use during pregnancy and lactation has not been fully established. Antiparkinsonian agents are believed to readily cross the placental barrier; if so, the fetus could experience adverse effects of the drug. Inform physician immediately if pregnancy occurs, is suspected, or is planned.
- * Be aware of side effects of antiparkinsonian agents. Refer to written materials furnished by health-care providers for safe self-administration.
- * Continue to take medication, even if feeling well and as though it is not needed. Symptoms may return if medication is discontinued.
- * Carry card or other identification at all times describing medications being taken.

ANTICONVULSANTS

A seizure is a transient, paroxysmal, pathophysiological disturbance of cerebral function caused by a spontaneous, excessive discharge of cortical neurons (Kaplan & Sadock, 1985). Seizures are treated with a variety of anticonvulsant drugs, depending on the site of origin and the pattern of spread of the discharge. Nurses should be familiar with the use of anticonvulsant medications because personality problems and psychiatric symptoms are not uncommon in patients with seizure disorders. Some anticonvulsant medications are now being used investigationally to treat various psychiatric disorders. Long-acting barbiturates, ben-

zodiazepines, hydantoins, and carbamazepine will be discussed in this section.

Long-Acting Barbiturates

INDICATIONS

These drugs are used in the long-term management of tonic-clonic, absence, and complex partial seizures. They are also used for control in moderate states of anxiety.

ACTION

Barbiturates depress the CNS. These drugs are believed to reduce monosynaptic and polysynaptic transmission, resulting in decreased excitability of the endoneuronal cell. Barbiturates also increase the threshold for electrical stimulation of the motor cortex.

Chemical Class	Generic (Trade) Name	Daily Dosage Range
Barbiturates	mephobarbital (Mebaral)	400-600 mg
	metharbital (Gemonil)	300-800 mg
	phenobarbital (Luminal)	100-300 mg
	primidone (Mysoline)	750-1500 mg

Hydantoins

INDICATIONS

Hydantoins are used in the management of tonic-clonic seizures and partial seizures with complex symptomatology. Mephenytoin is also used in the management of focal and Jacksonian seizures. Phenytoin is also used intravenously in the treatment of status epilepticus (second-choice drug when intravenous diazepam is not effective).

ACTION

Hydantoins act by increasing the seizure threshold in the cerebral cortex. By promoting sodium efflux from neurons in the motor cortex, they encourage stabilization of the threshold against hyperexcitability. Maximal activity of the brainstem centers responsible for the tonic phase of grand mal seizures is also reduced.

Chemical Group	Generic (Trade) Name	Daily Dosage Range
Hydantoins	ethotoin (Peganone)	2000-3000 mg
	mephénytoin (Mesantoin)	200-600 mg
	phenytoin (Dilantin)	300-600 mg

Benzodiazepines

INDICATIONS

Clonazepam is used in the management of absence, akinetic, and myoclonic seizures. Clorazepate is indicated as adjunctive therapy for partial seizures. Intravenous diazepam is the drug of choice for treatment of status epilepticus.

ACTION

Benzodiazepines cause depression of the CNS. They may potentiate the effects of the powerful inhibitory neurotransmitter gamma-aminobutyric acid in the brain.

Chemical Class	Generic (Trade) Name	Daily Dosage Range
Benzodiazepines	clonazepam (Klonopin)	1.5-20 mg

You will notice this reoccurant theme throughout this Brief

Like I said it's Substantial

Carb
INDIC
Ca
tonic
zure
live disorder, SCHIZOPHRENIC, schizophrnia, rage reactions, and alcohol withdrawal.

ACTION

Action is unknown. May reduce polysynaptic responses and block post-tetanic potentiation of synaptic transmission.

Chemical Group	Generic (Trade) Name	Daily Dosage Range
lminostilbene derivative	carbamazepine (Tegretol)	600-1200 mg

See Table 12.1 for a list of therapeutic serum levels and symptoms of toxicity for anticonvulsant medications.

Contraindications/Precautions

Anticonvulsants are contraindicated in individuals with hypersensitivity to the drug or any drug within the same chemical class. Most are contraindicated in lactating mothers.

Caution should be taken in administering these drugs to elderly or debilitated patients, patients with hepatic, cardiac, or renal disease, and patients who are pregnant. Anticonvulsants should not be discontinued abruptly.

Side Effects and Nursing Implications for Anticonvulsants

Nursing implications are designated by an asterisk [*].

(Indicator of Drowsiness, dizziness, unsteadiness how it effects the brain)

- * Ensure that patient is protected from injury. Supervise and assist with ambulation if required.
- * Pad siderails and headboard for patient who experiences seizures during the night.
- 2. Decreased mental alertness (sedation)
 - * Avoid or monitor activities that require mental alertness (including smoking).
- 3. Nausea and vomiting
 - * Administer medication with food or milk if nausea and vomiting are a problem.
- 4. Agranulocytosis, thrombocytopenia
 - * Report the presence of sore throat, fever,

Drug	Therapeutic Serum Level	Symptoms of Toxicity
Phenobarbital	10-30 mcg/ml	Confusion, drowsiness, dyspnea, slurred speech, staggering
Phenytoin	10-20 mcg/ml	At serum levels of 25-30 mcg/ml: nystagmus, ataxia, diplopia. At serum levels of 30-50 mcg/ml: confusion, nausea, slurred speech, drowsiness, dizziness, lethargy. Levels above 50 mcg/ml are marked by comatose states. Death may result from respiratory and circulatory depression.
Ethotoin	15-50 mcg/ml	Dermatitis, skin rash, pigmentation changes, ataxia, confusion, nausea, vomiting, slurred speech, dizziness
Clonazepam	20-80 ng/ml	Euphoria, relaxation, drowsiness, slurred speech, disorientation, mood lability, incoordination, unsteady gait, disinhibition of sexual and aggressive impulses, judgment or memory impairment
Primidone	5-12 mcg/ml (is metabolized to phenobarbital, 10-30 mcg/ml)	Lethargy, vision changes, confusion, dyspnea, hypoventilation, hypotension, coma
Carbamazepine	4-12 mcg/ml	Restlessness, twitching, tremor, ataxia, drowsiness, dizziness, nystagmus, stupor, agitation, involuntary movements, mydriasis, flushing, cyanosis, urinary retention, tachycardia, hypotension or hypertension, nausea and vomiting, convulsions, oliguria, shock, respiratory depression, coma

Source: From Townsend, M. C. (1990) and *Facts and Comparisons* (1990).

malaise, unusual bleeding, or easy bruising to physician immediately.

- * Ensure that patient receives routine blood studies to determine onset of myelosuppression.

5. Liver damage

- * Report evidence of yellowish skin or eyes to physician immediately.
- * Ensure that patient has routine liver function tests.

6. Gingival hyperplasia (hydantoins)

- * Ensure that patient practices good oral care by brushing after eating with a soft toothbrush. Flossing daily to remove plaque and massaging the gums may also be helpful.

Patient/Family Education for Anticonvulsants

Patient should:

- * ~~Not drive or operate dangerous machinery until individual response has been determined. Drowsiness and dizziness can occur.~~
- * Not stop taking the drug abruptly. Doing so can result in status epilepticus.

- * Avoid alcohol intake or nonprescription medication without approval from physician.
- * Be aware of risks of taking anticonvulsants during pregnancy. There is an association between use of these drugs by women with epilepsy and the incidence of birth defects in offspring of these women. A patient who requires the medication to prevent seizures may be maintained on it; however, she must be fully aware of potential risks to her unborn child. If pregnancy occurs, or is suspected or planned, notify physician immediately.
- * Use an alternate method of birth control during therapy because of decreased effectiveness of oral contraceptives with some anticonvulsants.
- * Report any of the following symptoms to physician promptly: sore throat, fever, malaise, unusual bleeding, easy bruising, yellow skin or ~~more~~ decrease in urine output, fluid retention,

← How about
testify on
one's
behalf?

Anticonvulsants
the Appellant
was
Prescribed

Play particular
attention to
interactions it
is important to

Gabitril (Gabapentine/Neurontin)

Generic name: Tiagabine

Gabitril is an anticonvulsant. It is thought to work by enhancing the activity of GABA, the major inhibitory neurotransmitter in slowing the nerve function that leads to seizures.

R Quick Facts

Purpose

 Used to treat partial seizures in people with epilepsy.

Dosage

 Take exactly as prescribed, with meals. Absorbed more quickly with low-fat meals. Do not change dose or discontinue use without consulting your doctor.

 Usual adult dose: 4 milligrams once per day. Doctor may increase dose in increments of 4 or 8 milligrams up to a total of 56 milligrams per day. Larger amounts should be divided into 2 to 4 doses per day.

 Usual child dose: for ages 12-18—4 milligrams once per day. Doctor may increase dose in increments of 4 or 8 milligrams up to a total of 32 milligrams per day. Larger amount should be divided into 2 doses per day. Not generally prescribed for children under 12 years.

 Missed dose: take as soon as possible. If almost time for next dose, take missed dose immediately and spread remaining daily doses over the rest of the day. Do not double doses.

G

Gabitril

431

Side Effects



Overdose symptoms: agitation, confusion, depression, difficulty speaking, fainting, hostility, muscle spasm, tiredness, weakness. Recovery expected within full day of medical treatment. If you suspect an overdose, immediately seek medical attention.



More common side effects: abdominal pain, diarrhea, difficulty speaking, dizziness, insomnia, nausea, nervousness, pain, poor concentration, rash, sore throat, tremor, weakness, vomiting.



Less common side effects: agitation, cough, depression, difficulty walking, emotional upset, flushing, forgetfulness, hostility, itching, mouth sores, "pins and needles" in hands and feet, rolling of eyeballs.

Interactions



Inform your doctor before combining Gabitril with central nervous system depressants (CNCs); other medications for seizure control such as barbiturates, carbamazepine (Tegretol), phenytoin (Dilantin), phenobarbital (Solfoton), and valproate (Depakote).



Do not combine alcohol with this medication; may intensify the depressive effects of alcohol.

Special Cautions



May cause fetal damage. If pregnant or planning to become pregnant, inform your doctor immediately. Appears in breast milk; could affect a nursing infant.



No special precautions apply to seniors.



Not generally recommended for children under 12 years.



Use with caution if you have a history of liver disease, even moderate liver disease. Doctor may limit dose.

432 { Gabitril

Inform your doctor immediately if you experience changes in vision, extreme weakness, rash, or any other unusual or severe side effects. Doctor may decrease dose or discontinue treatment.

May cause dizziness and impair your ability to drive a car or operate machinery. Do not take part in any activity that requires mental alertness until adjusted to medication.

Gantrisin

Generic name: Sulfisoxazole

Gantrisin is a sulfa drug and an antibiotic. It inhibits the growth of bacteria by chemically interfering with their ability to survive.

R QUICK FACTS

Purpose

R Used to treat severe, repeated, or long-lasting urinary tract infections. Also used to treat bacterial meningitis, and as a preventive measure for people exposed to meningitis. May also be used in combination with other medications to treat: some middle ear infections, toxoplasmosis (parasite from cat feces, or uncooked meat), malaria, eye infections, bacterial disease of the lungs, skin, and brain (nocardiosis), and chancroid (venereal disease of the groin).

Dosage

R Drink lots of liquids to avoid crystals in the urine and stone formation. Shake suspension well before each use; use marked measuring spoon from your pharmacist. Take at evenly spaced intervals to keep level of this medication constant.

Gantrisin { 433

Usual adult dose: 2 to 4 grams per day. Doctor may prescribe up to 4 to 8 grams per day divided into 4 to 6 doses.

Usual child dose: for children 2 months or older—Starting dose—75 milligrams per 2.2 pounds of body weight divided into 4 to 6 doses in 24 hours. Regular dose—120 to 150 milligrams per 2.2 pounds of body weight divided into 4 to 6 doses in 24 hours. Not for children under 2 years except to treat toxoplasmosis. Maximum dose is 6 grams per day.

Missed dose: take as soon as possible, unless almost time for next dose. In that case, do not take missed dose; go back to regular schedule. Do not double doses.

Side Effects



Overdose symptoms: blood or sediment in urine, blue tinge to the skin, colic, dizziness, drowsiness, fever, headache, lack of or loss of appetite, nausea, unconsciousness, vomiting, yellowing of skin and eyes. If you suspect an overdose, immediately seek medical attention.



Side effects: abdominal bleeding, abdominal pain, allergic reactions, anemia and other blood disorders, angioedema (swelling of the face, lips, tongue, and throat), anxiety, bluish tinge to the skin, chills, colitis, convulsions, cough, dark or tarry stools, depression, diarrhea, disorientation, dizziness, drowsiness, enlarged salivary glands, enlarged thyroid gland, exhaustion, fainting, fatigue, fever, flushing, gas, hallucinations, headache, hearing loss, hepatitis, hives, inability to fall or stay asleep, inability to urinate, increased urination, inflammation of the mouth or tongue, itching, joint pain, kidney failure, lack of feeling or concern, lack of muscle coordination, lack or loss of appetite, low blood sugar, muscle pain, nausea, palpitations, presence of blood or crystals in urine, rapid heartbeat, reddish or purplish skin spots,

Medication Log

(Mannheim Confinement Facility)

Amann Kurtis E.

Babapentin

MEDICATION LOG

then take 1 tab twice
1 day 25, then take
1 tab three times a day

INMATES NAME

MEDICATION

DOSAGE

Kobylarz

DOCTORS NAME

04 Mar 99

1641

Linda

VERIFIED BY INMATES INIT

DATE	TIME	DOSE	BALANCE	ISSUED BY	RECV'D BY
990304	0145	1	100	Kobylarz BH	Linda INVENTORY
990304	1750	1	90	Foster	INVENTORY
990304	2100	-1	89	SGT Foster	INVENTORY
990304	2200	INV	99	SP 114	INVENTORY
990305	0600	INV	99	SP 114	INVENTORY
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990306	0600	INV	97	SP 114	INVENTORY
990306	0745	-1	96	SP 114	INVENTORY
990306	1230	-1	95	SP 114	INVENTORY
990306	1400	1	95	JOHNSON	INVENTORY
990306	2130	1	94	JOHNSON	INVENTORY
990306	2200	INV	94	STUMM	INVENTORY
990307	0600	1	94	SP 114	INVENTORY
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990323	1400	-1	44	SP 114	INVENTORY
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990336	0745	-1	6	SP 114	INVENTORY
990336	1230	1	6	SP 114	INVENTORY
990336	1400	-1	5	SP 114	INVENTORY
9					

INMATE'S NAME

MEDICATION

DOSAGE

Broadway, Scott
DOCATOR'S NAME

990421 6
DATE OCT

P.O. 2 ST.
VERIFIED BY INMATES INIT.

DATE	TIME	DOSE	BALANCE	ISSUED BY	RECDY BY
990429	1230	1	37	bulb	KA.
990429	1400		37	(P)	
990429	2100	1	36	URL	KA.
990429	2217		36	JCH/HS/26	
990429	2220	1	35	MM/MS	
990429	1730	1	34	Lacoste	KA.
990429	2100	-1	33	(P)	KA.
990429	2316		33	MG/LL	KA.
990431	0600		33	Swan	
990431	1425	-1	32	Bee	
990501	1400		32	May	
990501	1800	-1	31	DAN	KA.
990501	2110	-1	30	(P)	KA.
990502	0245		30	DAN	
990502	0600		30	DAN	
990502	1230	1	29	DAN	KA.
990502	1400		29	DAN	
990502	1730	-1	28	DAN	KA.
990502	2100	-1	27	DAN	KA.
990503	0120		27	DAN	
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990503	1215	-1	26	DAN	KA.
990503	1800		26	DAN	
990503	2100	-1	25	DAN	
990503	2215		25	DAN	KA.
990503	2245		24	DAN	
990503	2300		24	DAN	
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990503	2330		23	DAN	
990504	0100		23	DAN	
990504	1400		23	DAN	
990504	1730		22	DAN	KA.
990504	2100	-1	22	DAN	
990504	2100	-1	21	DAN	KA.
990505	0003		21	DAN	
990505	0600		21	DAN	
990505	0930		20	DAN	KA.
990505	1230	1	19	DAN	
990505	1730		19	DAN	
990505	2100	-1	18	DAN	KA.
990505	2200		18	DAN	
990506	0600		18	DAN	
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990506	1205	-1	16	DAN	
990506	1700		16	DAN	
990506	1715	-1	15	DAN	KA.
990507	0135		15	DAN	
990507	0600		15	DAN	

MEDICATION LOG

ARMAND

MEDICATION

DOSAGE

INMATES NAME

Document 37828264 Filed 12/29/2005

Page 28 of 50

Medication

DOSAGE

INMATE'S NAME

MEDICATION

DOCTOR'S NAME

27 May 99

DATE / / QT

Conty

DOSAGE

Appendix G

Antidepressants

Profile of the

Substance

sion, insomnia, anxiety, abdominal and muscle cramps, tremors, vomiting, sweating, convulsions, and delirium.

- * (With *buspirone* only): Be aware of lag time between start of therapy and subsiding of symptoms. Relief is usually evident within 7 to 10 days. Be sure to take medication regularly, as ordered, so that it has sufficient time to take effect.
- * Not consume other CNS depressants, including alcohol.
- * Not take nonprescription medication without approval from physician.
- * Rise slowly from sitting or lying position to prevent sudden drop in blood pressure.
- * Report symptoms of sore throat, fever, malaise, easy bruising, unusual bleeding, or motor restlessness to physician immediately.
- * Be aware of risks of taking this drug during pregnancy. (Congenital malformations have been associated with use during first trimester.) Notify physician of desirability to discontinue drug if pregnancy is suspected or planned.
- * Be aware of possible side effects. Refer to written materials furnished by health-care providers regarding correct method of self-administration.
- * Carry card or piece of paper at all times stating names of medications being taken.

ANTIDEPRESSANTS

Indications

Antidepressant medications are used in the treatment of dysthymic disorder, major depression with melancholia or psychoneurotic symptoms, depression associated with organic disease, alcoholism, schizophrenia, or mental retardation, depressive phase of bipolar disorder, and depression accompanied by anxiety. These drugs elevate mood and alleviate other symptoms associated with moderate-to-severe depression.

Action

These drugs ultimately work to increase the concentration of norepinephrine and serotonin in the body. This is accomplished in the brain by blocking

(effects the brain)

the reuptake of these chemicals by the neurons (unicyclics, bicyclics, tricyclics, tetracyclics, and others). It also occurs when an enzyme, monoamine oxidase (MAO), that is known to inactivate norepinephrine and serotonin is inhibited at various sites in the body (MAO inhibitors).

Contraindications/Precautions

Antidepressant drugs are contraindicated in individuals with hypersensitivity. They are also contraindicated in the acute recovery phase following myocardial infarction and in individuals with angle-closure glaucoma.

Caution should be taken in administering these drugs to elderly or debilitated patients and patients with hepatic, renal, or cardiac insufficiency. (The dosage will generally have to be decreased.) Caution is also required with psychotic patients, with patients who have benign prostatic hypertrophy, and with individuals who have a history of seizures (may decrease seizure threshold).

NOTE: As these drugs take effect and mood

Substancial effect on

the brain

tant
Daily

onset of
weeks.

range

mg

fluoxetine (Prozac)

20-80 mg

bicyclics

amitriptyline (Elavil)

75-100 mg

imoxapine (Asendin)

100-600 mg

ng

I was also on Paxil
which is a bicyclic
like Prozac.

Chemical Group	Generic (Trade) Name	Daily Dosage Range
Tetracyclics	nortriptyline (Aventyl; Pamelor)	75-150 mg
Monoamine oxidase inhibitors	protriptyline (Triptil; Vivactil)	15-60 mg
	trimipramine (Surmontil)	75-300 mg
	maprotiline (Ludiomil)	75-225 mg
	phenelzine (Nardil)	45-90 mg
	isocarboxazid (Marplan)	
	tranylcypromine (Parnate)	
Other	trazodone (Desyrel)	
	sertraline (Zoloft)	

Side Effects and Nursing Implications

Nursing implications are described [*].

1. Anticholinergic effects

a. Dry mouth

- * Offer patient sugarless sips of water.
- * Strict oral hygiene is very important.

b. Blurred vision

- * Offer reassurance that symptom will subside after a few weeks.
- * Instruct patient not to drive until vision is clear.
- * Clear small items from routine pathway to prevent falls.

c. Constipation

- * Order foods high in fiber; increase fluid intake if not contraindicated; encourage patient to increase physical exercise, if possible.

d. Urinary retention

- * Instruct patient to report hesitancy or inability to urinate.
- * Monitor intake and output.
- * Various methods to stimulate urination may be tried, such as running water in the bathroom or pouring water over the perineal area.

reoccurant ↑

theme

2. Sedation (Sedates the Nervous System)

- * Request an order from the physician for drug to be given at bedtime.
- * Request that physician decrease the dosage or perhaps order a less sedating drug.
- * Instruct patient not to drive or use dangerous equipment while experiencing sedation.

3. Orthostatic hypotension

- * Instruct patient to rise slowly from a lying or sitting position.

sure (lying and standing) and report significant

owers or tub baths.

threshold

ry of seizures should be ob-

recautions as specified in the manual.

utrin) should be administered no more than 150 mg and at least 4 hours apart. Bupropion is associated with a relatively high rate of activity in anorexic and

unias

- * Carefully monitor blood pressure and pulse rate/rhythm; report significant change to physician.

6. Photosensitivity (with tricyclics and tetracyclics)

- * Ensure that patient wears protective sunscreens, clothing, and sunglasses while spending time outdoors.

7. Hypertensive crisis (with MAO inhibitors)

- * Occurs if individual consumes foods containing tyramine while receiving MAO inhibitor therapy.
- * Products containing tyramine include aged cheeses; other aged, overripe, and fermented foods; broad beans; pickled herring; beef/chicken livers; preserved sausages; beer; wine (especially Chianti); yeast products; chocolate; caffeinated drinks; canned figs; sour cream; yogurt; soy sauce; over-the-counter cold medications; and diet pills.
- * Symptoms of hypertensive crisis include se-

vere occipital headache, palpitations, nausea/vomiting, nuchal rigidity, fever, sweating, marked increase in blood pressure, chest pain, and coma.

- * Treatment of hypertensive crisis: discontinue drug immediately; monitor vital signs; administer short-acting antihypertensive medication, as ordered by physician; use external cooling measures to control hyperpyrexia.

8. Priapism (with trazodone)

- * This is a rare side effect but has occurred in some men taking trazodone (Desyrel).
- * If patient complains of prolonged or inappropriate penile erection, withhold medication dosage and notify physician immediately.
- * Can become very problematic, requiring surgical intervention, and if not treated successfully, can result in impotence.

9. Weight loss (with fluoxetine and sertraline)

- * A significant weight loss has been noted as a side effect with fluoxetine (Prozac) and sertraline (Zoloft), especially in underweight depressed patients.
- * Caution should be taken in prescribing these drugs for anorectic patients.
- * Patient should be weighed daily or every other day, at same time and on same scale, if possible.

when spending time outdoors. Skin may be sensitive to sunburn.

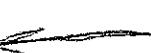
- * Report occurrence of any of the following symptoms to physician immediately: sore throat, fever, malaise, unusual bleeding, easy bruising, persistent nausea/vomiting, severe headache, rapid heart rate, difficulty urinating, anorexia/weight loss, seizure activity, stiff or sore neck, and chest pain.
- * Rise slowly from a sitting or lying position to prevent a sudden drop in blood pressure.
- * Take frequent sips of water, chew sugarless gum, or suck on hard candy if dry mouth is a problem. Good oral care (frequent brushing, flossing) is very important.
- * Not consume the following foods/medications while taking MAO inhibitors: aged cheese, wine (especially Chianti), beer, chocolate, colas, coffee, tea, sour cream, beef/chicken livers, canned figs, soy sauce, overripe and fermented foods, pickled herring, preserved sausages, yogurt, yeast products, broad beans, cold remedies, and diet pills. To do so could cause a life-threatening hypertensive crisis.
- * Avoid smoking while on tricyclic therapy. Smoking increases metabolism of tricyclics, requiring adjustment in dosage to achieve therapeutic effect.
- * Not drink alcohol while on antidepressant therapy. These drugs potentiate the effects of each other.
- * Not consume other medications, including over-the-counter medications, without physician's approval while on antidepressant therapy. Many medications contain substances that, in combination with antidepressant medication, could precipitate a life-threatening hypertensive crisis.
- * Notify physician immediately if inappropriate prolonged penile erections occur while tak-

Patient/Family Education

Patient should:

- * Continue to take medication even though symptoms have not subsided. Therapeutic effect may not be seen for as long as 4 weeks. If after this length of time no improvement is noted, physician may prescribe a different medication.
- * Use caution when driving or operating dangerous machinery. Drowsiness and dizziness can occur. If these side effects become persistent or interfere with activities of daily living, report to physician. Adjustment may be necessary.
- * Not stop taking the drug abruptly. To do so might produce withdrawal symptoms, such as nausea, vertigo, insomnia, headache, malaise, and nightmares.
- * Use sunscreens and wear protective clothing. The immediate stopping of this medication could be responsible for worse than the usual side effect.

How about a
trial?



- Be aware of possible risks of taking antidepressants during pregnancy. Safe use during pregnancy and lactation has not been fully established. These drugs are believed to readily cross the placental barrier; if so, the fetus could experience adverse effects of the drug. Inform physician immediately if pregnancy occurs, is suspected, or is planned.
- Be aware of side effects of antidepressants. Refer to written materials furnished by health care providers for safe self-administration.
- Carry card or other identification at all times describing medications being taken.

ANTIMANIC AGENTS

Drug of Choice

Lithium Carbonate

Indications

Lithium is used in the prevention and treatment of manic episodes associated with bipolar disorder. It may also be effective for depression associated with bipolar disorder.

Following initiation of lithium therapy, there is a lag period of 1 to 3 weeks before the symptoms of mania are alleviated. During this time, an antipsychotic, such as chlorpromazine (Thorazine), may be administered to decrease the level of hyperactivity.

Action

Lithium alters sodium metabolism within nerve and muscle cells and enhances the reuptake of biogenic amines (norepinephrine and serotonin) in the brain, lowering levels in the body and resulting in decreased hyperactivity. It may block development of sensitive dopamine receptors in the CNS of manic patients. Lithium has both antimanic and antidepressant properties.

Contraindications/Precautions

Lithium is contraindicated in individuals with hypersensitivity to the drug. It is also contraindicated in individuals with severe cardiovascular or renal disease, severe dehydration, sodium deple-

tion, brain damage, and during pregnancy and lactation.

Caution should be taken in administering these drugs to elderly patients and to patients with thyroid disorders, diabetes mellitus, urinary retention, or a history of seizure disorders.

Common Trade Names

Eskalith, Lithane, Lithobid, Lithonate, Lithotabs, Carbolith, Duralith, Lithizine

Daily Dosage

Acute mania: 1800 to 2400 mg
Maintenance: 300 to 1200 mg

Side Effects and Nursing Implications

Nursing implications are designated by an asterisk [*].

1. **Drowsiness, dizziness, headache**
 - * Ensure that the patient does not participate in activities that require alertness until this response has stabilized.
2. **Dry mouth; thirst**
 - * Provide patient with sugarless candy, ice, frequent sips of water.
 - * Strict oral hygiene is very important.
3. **Gastrointestinal (GI) upset; nausea/vomiting**
 - * Schedule medication dosages with meals to minimize GI upset.
4. **Fine hand tremors**
 - * Report to physician, who may decrease dose of medication.
 - * Some physicians prescribe a small dose of the beta blocker propranolol (Inderal) to counteract this side effect.
5. **Hypotension; pulse irregularities; arrhythmias**
 - * Monitor vital signs on a regular basis (bid or tid).
 - * Physician may decrease dose of medication.
6. **Polyuria; dehydration**
 - * May subside after initial week or two.
 - * Monitor daily intake and output and weight.
 - * Monitor skin turgor daily.

TABLE 24.4
DRUG INTERACTION GUIDE FOR TRICYCLIC AND
TETRACYCLIC ANTIDEPRESSANTS (TCAs)

Note: The drugs in the left-hand column can interact with TCAs. The comments describe the type of interaction. This list is not exhaustive; new information about drug interactions comes out frequently. If you are taking a TCA and any other medication, ask your doctor and pharmacist if there are any drug interactions.

Antidepressants	
Drug	Comment
tricyclic and tetracyclic antidepressants (TCAs can interact with other TCAs: SSRIs, TCAs, MAOIs, serotonin antagonists, bupropion, venlafaxine, mirtazapine)	desipramine causes an ↑ in other TCAs — abnormal heart rhythms can result in TCA overdose. ↑ in serotonin levels can result in serotonin syndrome, especially with MAOIs. ↑ in blood pressure, hypotensive reactions, arrhythmias, and low blood pressure.
MAOIs	
serotonin antagonists, including trazodone (Desyrel) and nefazodone (Serzone), bupropion (Wellbutrin), venlafaxine (Effexor), mirtazapine (Remeron)	↑ in risk of seizures; extreme caution required probably okay; in theory TCA could cause ↑ in venlafaxine blood levels information not yet available
Antibiotics	
Drug	Comment
chloramphenicol (Chloromycetin), doxycycline (Vibramycin), isoniazid (INH, Nydiazid)	TCA levels and toxicity may ↑ TCA levels and effectiveness may ↓ TCA levels and toxicity may ↑
Antifungal Agents	
Drug	Comment
imidazoles such as fluconazole (Diflucan), itraconazole (Sporanox), ketoconazole (Nizoral), and miconazole (Monistat Vaginal Suppositories or Cream), griseofulvin (Fulvicin)	TCA levels may ↑, especially with miconazole TCA levels may ↓
Diabetes Medications	
Drug	Comment
insulin	greater than expected drop in blood sugar
oral hypoglycemic drugs	greater than expected drop in blood sugar

This is a dangerous and potentially fatal syndrome which includes rapid changes in vital signs (fever, elevations in blood pressure), sweating, nausea, vomiting, rigid muscles, myoclonus, agitation, delirium, seizures, and coma.

The next pages from
The Feeling Good
Handbook are just
repetitive, but more
the less important.

ANTIDEPRESSANT DRUG MEDICATIONS

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Medical Conditions	
Condition	Comment
glaucoma	highly anticholinergic TCA can trigger attacks of narrow-angle glaucoma; symptoms include eye pain, blurred vision, and halos around lights
heart disease	use TCA with extreme caution; may trigger abnormal heart rhythms
liver disease	use TCA with caution; the metabolism by the liver may be impaired, with excessively high blood levels and increased side effects and toxic effects
seizure disorder	use TCA with caution; TCA may cause ↑ in seizures (TCA lowers the seizure "threshold")
thyroid disease	use TCA with caution in patients with thyroid disease, or those taking thyroid medication; may trigger abnormal heart rhythms
Medications for Abnormal Heart Rhythms	
Drug	Comment
disopyramide (Norpace); epinephrine	abnormal heart rhythms TCA may enhance the effects, leading to rapid heart, abnormal heart rhythms, and ↑ in blood pressure
quinidine	blood levels of quinidine and TCA may ↑; abnormal heart rhythms and weakened heart muscle can lead to congestive heart failure
Medications for High Blood Pressure	
Drug	Comment
beta-blockers such as propranolol (Inderal)	beta-blockers may cause increased depression; TCA may cause greater than expected drop in blood pressure
clonidine (Catapres)	TCA (e.g., desipramine (Norpramine)) may reduce effectiveness of clonidine because blood levels ↓
calcium channel blockers	blood-pressure drop may be greater than expected
guanethidine (Ismelin)	may lose antihypertensive effect when combined with TCA (e.g., desipramine (Norpramine))

Medications for High Blood Pressure	
Drug methyldopa (Aldomet)	Comment blood-pressure drop may be greater than expected, especially with amitriptyline (Elavil); some TCAs (e.g., desipramine (Norpramin)) may reduce the antihypertensive effect
prazosin (Minipress)	blood pressure may ↑ because levels of prazosin may ↓
reserpine (Serpasil)	may cause greater than expected drop in blood pressure; may also cause excessive stimulation
thiazide diuretics such as hydrochlorothiazide (Dyazide)	blood-pressure drop may be greater than expected; effects of TCA may increase
Medications for Low Blood Pressure (Used for Patients Who Are in Shock)	
Drug epinephrine	Comment TCA may enhance the effects, leading to rapid heart, abnormal heart rhythms, and ↑ in blood pressure
Mood Stabilizers and Anticonvulsants	
Drug carbamazepine (Tegretol)	Comment blood levels of TCA and carbamazepine may ↓; TCA can make seizures more likely
lithium (Eskalith) phenytoin (Dilantin)	may enhance antidepressant effects blood levels of TCA may ↓ or ↑; TCA can make seizures more likely
valproic acid (Depakene)	↑ in blood levels of amitriptyline (Elavil) and valproic acid
Pain Medications and Anesthetics	
Drug acetaminophen (Tylenol)	Comment TCA levels may ↑; acetaminophen levels may ↓
aspirin	TCA levels may ↑
halothane (Fluothane)	TCA levels may ↑; TCA with strong anticholinergic effects may cause abnormal heart rhythms
cyclobenzaprine (Flexeril) a muscle relaxant used to treat muscle spasm	may cause abnormal heart rhythms

ANTIDEPRESSANT DRUG MEDICATIONS

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Pain Medications and Anesthetics	
Drug	Comment
methadone (Dolophine)	may have greater than expected narcotic effect; for example, desipramine (Norpramin) may double the blood level of methadone
meperidine (Demerol)	greater than expected narcotic effect; lower doses of meperidine or another painkiller may be needed
morphine (MS Contin)	greater than expected narcotic effect and sedation; TCA levels may ↓
pancuronium (Pavulon)	abnormal heart rhythms, especially TCA with strong anticholinergic effects
Sedatives and Tranquilizers	
Drug	Comment
alcohol	May have enhanced sedative effects. This could be hazardous when driving or operating dangerous machinery. May cause TCA levels to ↓
# barbiturates (such as phenobarbital) (SECRET)	enhanced sedative effects, may cause TCA levels to ↓
buspirone (Buspar)	enhanced sedative effects as described above
chloral hydrate (Noctec)	TCA levels may ↓
ethchlorvynol (Placidil)	Temporary mental confusion has been reported when combined with amitriptyline (Elavil), but could conceivably occur with other TCAs as well
* major tranquilizers (neuroleptics) (Comprazine)	levels of TCAs and phenothiazine neuroleptics (such as chlorpromazine, Thorazine) may ↑, leading to more side effects and greater sedation. abnormal heart rhythms have been observed with thioridazine (Mellaril), clozapine (Clozaril), and promazine (Gard)
minor tranquilizers (neuroleptics)	enhanced sedative effects

Stimulants (Pep Pills) and Street Drugs	
Drug	Comment
amphetamines ("speed" or "crank") cocaine benzedrine benzphetamine (Didrex) dextroamphetamine (Dexedrine) methamphetamine (Desoxyn) methylphenidate (Ritalin)	These drugs may boost the blood levels and effects of some TCA [(e.g., imipramine (Tofranil), clomipramine (Anafranil), desipramine (Norpramin)] and vice versa: abnormal heart rhythms and increased blood pressure have been observed with cocaine, but seem possible when any stimulants are combined with TCA
Weight Loss and Appetite-Suppression Medications	
Drug	Comment
fenfluramine (Pondimin)	Possible serotonin syndrome when combined with clomipramine: increased TCA levels
Other Medications	
Drug	Comment
antihistamines	increased drowsiness; it is safer to use antihistamines that are not sedative
acetazolamide (Diamox)	TCA blood levels may ↑; blood pressure may ↓
birth-control pills and other medications containing estrogen	TCA blood levels may ↑, with greater side effects; higher doses of estrogen may reduce the effects of TCA
caffeine (in coffee, tea, soda, chocolate, charcoal tablets)	TCA blood levels may ↑
	TCA blood levels may ↓ due to poor absorption from the stomach and intestinal tract
cholestyramine (Questran)	TCA blood levels may ↓
cimetidine (Tagamet)	TCA blood levels may ↑ (greater side effects)
disulfiram (Antabuse)	TCA blood levels may ↑ (greater side effects); in two reported cases, disulfiram plus amitriptyline (Elavil) caused a severe brain reaction (organic brain syndrome) with mental confusion and disorientation
ephedrine (can be found in Bronkaid, Marax, Primatene, Quadrinal, Vicks Vapordol nose drops, and several other asthma and cold medications)	TCA may block the ↑ in blood pressure ordinarily caused by ephedrine; ephedrine levels and effects may ↓

ANTIDEPRESSANT DRUG MEDICATIONS

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Other Medications	
Drug	Comment
high fiber diet	TCA blood levels may ↓ due to poor absorption from the stomach and intestinal tract
liothyronine (T3, Cytomel)	can enhance the effects of TCA; abnormal heart rhythms can result; TCA blood levels may ↑
procyclorperazine (Compazine)	TCA blood levels may ↑ with increased side effects and toxic effects
psyllium (Metamucil)	TCA blood levels may ↓ due to poor absorption from the stomach and intestinal tract
scopolamine (Transderm-L-dopa (Sinemet)	may cause ↑ in TCA blood levels absorption of TCA from the stomach and intestinal tract into the blood may ↓; effects of both TCA and L-dopa may ↓
theophylline (Bronkaid)	TCA blood levels may ↑
tobacco (smoking)	TCA blood levels may ↓

ANTIDEPRESSANT DRUG MEDICATIONS

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TABLE 24.6
DRUG INTERACTION GUIDE FOR SSRI ANTIDEPRESSANTS

Note: This list is not exhaustive; new information about drug interactions comes out frequently. If you are taking an SSRI and any other medication, ask your doctor and pharmacist if there are any drug interactions.

Antidepressants	
Drug	Comment
tricyclic and tetracyclic antidepressants	SSRIs can cause TCA levels to ↑; abnormal heart rhythms can result
SSRI antidepressants	not usually combined; ↑ in SSRI blood levels can result
monoamine oxidase inhibitors (MAOIs)	serotonin syndrome*
serotonin antagonists [trazodone (Desyrel) and nefazodone (Serzone)]	blood levels of nefazodone or trazodone and their metabolite (mCPP) may ↑ and cause anxiety
bupropion (Wellbutrin)	↑ risk of seizures; caution required
venlafaxine (Effexor)	may cause ↑ in levels of venlafaxine
mirtazapine (Remeron)	no information available as yet
Antihistamines	
Drug	Comment
terfenadine (Seldane) and astemizole (Hismanal)	fluvoxamine (Luvox) may ↑ levels of terfenadine and astemizole; fatal heart rhythms can occur
cycloheptadine (Periactin)	may reverse the effects of SSRIs
Diabetes Medications	
Drug	Comment
tolbutamide (Orinase)	fluvoxamine (Luvox) may ↑ levels of tolbutamide; low blood sugar may result
insulin	fluvoxamine (Luvox) may cause ↓ in blood sugar; insulin levels may need to be adjusted
Heart and Blood-Pressure Medications	
Drug	Comment
digoxin (Lanoxin) and digitoxin (Crystodigin)	↑ in blood levels of digitoxin and potential toxic effects including mental confusion

*This is a dangerous and potentially fatal syndrome which includes rapid changes in vital signs (fever, oscillations in blood pressure), sweating, nausea, vomiting, rigid muscles, myoclonus, agitation, delirium, seizures, and coma.

I took both Atarax and Phenergan which are both antihistamines

Heart and Blood-Pressure Medications	
Drug medications for high blood pressure	Comment levels of beta-blockers including metoprolol (Lopressor) and propranolol (Inderal) also used for angina may ↑, leading to excessive heart slowing and ECG abnormalities; calcium channel blockers including nifedipine (Procardia) and verapamil (Calan) may also ↑, leading to more potent effects on blood pressure
medications for abnormal heart rhythms	SSRI may ↑ risk of abnormal heart rhythms when combined with drugs to control heart rhythms, such as flecainide (Tambocor), encainide, mexiletine (Mexitil), and propafenone (Rythmol)
Other Psychiatric Drugs	
Drug benzodiazepines (minor tranquilizers) including alprazolam (Xanax), diazepam (Valium) and others	Comment levels of benzodiazepines may ↑; excessive drowsiness or confusion; lower doses of benzodiazepines may be needed; fluvoxamine (Luvox) has strongest effect, but problems have also been reported with fluoxetine (Prozac); clonazepam (Klonopin) and temazepam (Restoril) may be safer than alprazolam (Xanax) and diazepam (Valium)
buspirone (BuSpar)	may enhance the effects of SSRIs; however, fluoxetine (Prozac) may reduce the effectiveness of BuSpar, some patients with obsessive-compulsive disorder who received this combination experienced a worsening of symptoms
lithium	↑ or ↓ levels may result; may lead to lithium toxicity at normal lithium levels
l-tryptophan	can cause agitation, restlessness, and upset stomach as well as the serotonin syndrome

ANTIDEPRESSANT DRUG MEDICATIONS

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Other Psychiatric Drugs	
Drug	Comment
antipsychotics/neuroleptics such as haloperidol (Haldol), perphenazine (Trilafon), and chlorpromazine (Mellaril), (Comazine)	blood levels of tricyclic antidepressants may lead to increased side effects. fluvoxamine (Luvox) may be the safest SSRI to combine with neuroleptics. risperidone (Risperidol) and clozapine (Clozaril) may block the antidepressant effect of the SSRIs.
methadone (Dolophine)	fluvoxamine (Luvox) leads to ↑ in blood levels
mood stabilizers and anticonvulsants	SSRIs, especially fluvoxamine (Luvox) and fluoxetine (Prozac), can cause ↑ in levels of carbamazepine (Tegretol) and phenytoin (Dilantin). The combination of either SSRI with phenytoin can cause phenytoin toxicity

Other Medications	
Drug	Comment
alcohol	increased drowsiness
caffeine (in coffee, tea, soda, chocolate)	fluvoxamine (Luvox) causes levels to ↑; excess nervousness may result
cisapride (Propulsid)	fluvoxamine (Luvox) may ↑ levels of cisapride; fatal heart rhythms can occur
cyclosporine (Sandimmune; Neoral): an immunosuppressive drug used in organ transplants	levels of cyclosporine may ↑
dextromethorphan (a cough suppressant in many over-the-counter medications)	hallucinations reported with fluoxetine (Prozac), possible with any SSRI
tacrine (Cogex)	fluvoxamine (Luvox) leads to ↑ in blood levels
theophylline (Bronkaid)	fluvoxamine (Luvox) leads to ↑ in blood levels and can produce toxic effects, including excess nervousness
tobacco (smoking)	levels of fluvoxamine (Luvox) may ↓
warfarin (Coumadin) (a blood thinner)	fluvoxamine (Luvox) may ↑ levels of warfarin (Coumadin); increased bleeding may result. The increased bleeding can also result without any changes in the prothrombin test (this bleeding test is used to monitor the dose of warfarin). This is because the SSRIs can also impair clotting through their effects on blood platelets, whereas warfarin affects the clotting proteins

Antidepressants
the Appellant
was Prescribed

missing the majority
of fractions!
Deseryl med 10g's,
but even without them
I still have a good
crisis

Desquam-E

Rx QUICK FACTS

to treat acne.

 a treatment area, gently rub in Desquam-E. For topical use only; avoid eyes, nose, and throat.

 Adult dose: rub gel into affected areas 1 or 2 times per day.

 Usual child dose: for children over 12 years—rub gel into affected areas 1 or 2 times per day.

 Missed dose: apply as soon as you remember, then go back to regular schedule.

Side Effects

 Overdose symptoms: excessive scaling of the skin, reddening skin, or swelling due to fluid retention. If you suspect an overdose, immediately seek medical attention.

 Side effects: allergic reaction (itching, rash), excessive drying.

 No known less common or rare side effects.

Interactions

 No known drug interactions.

 May cause temporary skin discoloration if used with sunscreens containing PABA.

Special Cautions

 If pregnant or planning to become pregnant, inform your doctor immediately. May appear in breast milk. Do not breastfeed.

Desyrel 289

 65 No special precautions apply to seniors.

 Follow doctor's instructions carefully for children.

 Do not use if sensitive to or allergic to benzoyl peroxide.

 If sensitive to benzoic acid or cinnamon, you may have sensitivity to this medication.

 Use with caution; may bleach hair or colored fabric.

Desyrel

Generic name: Trazodone hydrochloride

Other brand name: Desyrel Dividose

Desyrel is an antidepressant. It increases the concentration of chemicals involved in nerve transmission in the brain.

Rx QUICK FACTS**Purpose**

 Used to treat depression.

Dosage

 Take exactly as prescribed. May take after a meal or light snack to avoid dizziness or light-headedness. Most patients notice improvement after 2 weeks, although it may take up to 4 weeks.

 Usual adult dose: 150 milligrams per day, divided into 2 or more doses, up to 400 milligrams per day total, divided into smaller doses.

 Usual child dose: not generally prescribed for children.

290  Desyrel

 Missed dose: take as soon as possible, unless within 4 hours of the next dose. In that case, do not take missed dose, go back to regular schedule. Do not double doses.

Side Effects

 Desyrel overdose combined with other drugs can be fatal. Overdose symptoms: breathing failure, drowsiness, irregular heartbeat, prolonged and/or painful erection, seizures, vomiting. If you suspect an overdose, immediately seek medical attention.

 More common side effects: abdominal or stomach disorder, aches or pains in muscles and bones, allergic skin reaction, anger or hostility, blurred vision, brief loss of consciousness, confusion, constipation, decreased appetite, diarrhea, dizziness or light-headedness, drowsiness, dry mouth, excitement, fast or fluttering heartbeat, fatigue, fluid retention and swelling, headache, impaired memory, inability to fall or stay asleep, low blood pressure, nasal or sinus congestion, nausea, nervousness, nightmares or vivid dreams, rapid heartbeat, sudden loss of strength or fainting, tremors, uncoordinated movements, vomiting, weight gain or loss.

 Less common side effects: allergic reactions, anemia, bad taste in mouth, blood in urine, chest pain, delayed urine flow, decrease in concentration, decrease in sex drive, disorientation, early menstruation, ejaculation problems, excess salivation, fullness or heaviness in the head, gas, general feeling of illness, hallucinations or delusions, high blood pressure, impaired memory, impaired speech, impotence, increased appetite, increased sex drive, itchy eyes, missed menstrual periods, more frequent urination, muscle twitches, numbness, prolonged erections, red eyes, restlessness, ringing in the ears, shortness of breath, sweating or clammy skin, tingling or pins and needles, tired eyes.

Detrol  291

Interactions

 Inform your doctor before combining Desyrel with: antidepressants known as MAO inhibitors, including Parnate and Nardil; barbiturates such as Seconal, central nervous system depressants such as Demerol and Halcion; chlorpromazine (Thorazine); digoxin (Lanoxin); high blood pressure drugs such as Catapres and Wytensin; other antidepressants such as Prozac and Norpramin; phenytoin (Dilantin).

 Do not drink alcohol during Desyrel therapy; its effects are increased.

Special Cautions

 If pregnant or planning to become pregnant, inform your doctor immediately. May appear in breast milk; could affect a nursing infant.

 No special precautions apply to seniors.

 Not generally prescribed for children.

 May cause drowsiness and impair your ability to drive a car or operate machinery. Do not take part in any activity that requires alertness.

 If sensitive to or allergic to Desyrel, should not take.

 Inform your doctor or dentist that you are taking Desyrel before surgical or dental procedures.

 Use with caution if you have heart disease.

Detrol

Generic name: Tolterodine

Detrol is an antispasmodic/anticholinergic. It inhibits bladder contractions at the bladder neck, reducing urge to urinate.

See I backed folder
for a more in depth
look at the mixtures
of Elavil, a tricyclic
ant. depressant and
Cognacine and Phenegron
both Psychothiazines

Elavil

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nic name: Amitriptyline

brand names: Amitril, Endep, Enovil

is a tricyclic antidepressant. It increases the con-
centration of the chemicals necessary for nerve trans-
mission in the brain, thereby relieving depression.

II QUICK FACTS

Purpose



Used to relieve the symptoms of mental depression
also used to treat dull chronic pain, prevention
of migraines and pathological laughing and weeping
associated with multiple sclerosis.

Dosage



Take exactly as prescribed. Take with water or food
to lessen stomach irritation, unless otherwise pre-
scribed by doctor. Effects of medica-
tions



Usual adult dose:
2 or more doses
to exceed 200 mi-
lligrams to
ing dose by 25 or
per day. Long-term
one time per day
milligrams taken
taken at bedtime.



Usual child dose
10 milligrams tak-
ograms taken at t



Missed dose: take
time for next dose
dose; go back to
doses. If prescribed

Pay particular attention
to the over dosage
effects and common
side effects, and then
look at my pathological
symptoms they are
identical

Elavil 359

take missed dose in the morning; may cause side effects
during the day.

Side Effects



Elavil overdose can be fatal. Overdose symptoms: ab-
normally low blood pressure, congestive heart fail-
ure, convulsions, dilated pupils, drowsiness, rapid or
irregular heartbeat, reduced body temperature, stup-
or, unresponsiveness or coma. Symptoms contrary
to the effect of this medication: agitation, extremely
high body temperature, rigid muscles, vomiting. If
you suspect an overdose, immediately seek medical
attention.



Side effects: abnormal movements, anxiety, black
tongue, blurred vision, breast development in males,
breast enlargement, coma, confusion, constipation,
delusions, diarrhea, difficult or frequent urination,
difficulty in speech, dilation of pupils, disorientation,
disturbed concentration, dizziness on getting up,
dizziness or light-headedness, drowsiness, dry
, excessive or spontaneous flow of milk, ex-
-t, fast or fluttery heartbeat, fatigue, fluid re-
tention, hair loss, hallucinations, headache, heart at-
tack, high or low blood sugar, hives, impotence,
tired to sleep, increased or decreased sex drive,
sed perspiration, increased pressure within
the head, inflammation of the mouth, intestinal ob-
struction, irregular heartbeat, lack of loss of coordi-
nation, loss of appetite, low blood pressure, nausea,
nares, numbness, rapid heartbeat, rash, red or
red spots on skin, restlessness, ringing in the
ears, sensitivity to light, stomach upset,
taste, stroke, swelling due to fluid retention
face and tongue, swelling of testicles, swollen
tingling and pins and needles in the arms and
limbs, vomiting, weakness, weight gain or
weight loss, eyes and skin. Side effects due to
decrease or abrupt withdrawal from Elavil:
nausea, vague feeling of bodily discomfort,
effects due to gradual dosage reduction: dream
disturbances, irritability, restlessness

360 { Elavil

No known less common or rare side effects.

Interactions

Inform your doctor before combining Elavil with parkinsonism drugs such as Cogentin; quinidine (Quinidex); seizure medications such as Tegretol and Dilantin; sleep medications such as Halcion and Dalmane; thyroid hormones (Synthroid); tranquilizers such as Librium and Xanax; vitamin C in large doses; warfarin (Coumadin).

 Alcohol may increase sedative effects; do not drink alcohol when taking this medication.

Special Cautions

 If pregnant or planning to become pregnant, inform your doctor immediately. Appears in breast milk could affect a nursing infant.

65. Seniors are prescribed lower doses.

 Not prescribed for children under 12 years.

If you have or have had: asthma, diabetes, electroshock therapy, enlarged prostate gland, epilepsy, glaucoma or other chronic eye conditions, heart or circulatory system disorder, liver or kidney problems, mental illness, seizures, stomach or intestinal problems, thyroid disease, or urinary retention, notify your doctor before taking Elavil.

You may feel dizzy or light-headed or faint when standing up from a lying or sitting position. If standing slowly is not helpful, notify your doctor.

Urine may turn blue-green; this effect is harmless.

May experience increased sensitivity to sunlight; avoid the sun as much as possible.

Eldepryl 361

Before medical or dental surgery, tell your doctor or dentist you are taking this drug.

Eldepryl

Generic name: Selegiline hydrochloride

Eldepryl is an antiparkinsonism agent/monoamine oxidase (MAO inhibitor). It works by balancing certain chemicals in the brain.

R Quick Facts

Purpose

R Used to treat Parkinson's disease. Is used with Sinemet when it loses its effectiveness. Eldepryl is effective only when used with levodopa or Sinemet.

Dosage

Take exactly as prescribed.

Usual adult dose: 10 milligrams per day divided into 2 smaller doses, taken at breakfast and lunch.

Usual child dose: not generally prescribed for children

Missed dose: take as soon as possible, unless almost time for next dose. In that case, do not take missed dose, go back to regular schedule. *Do not double doses.*

Side Effects

 Overdose symptoms: no specific information available; however, Eldepryl is a MAO inhibitor, which has the following overdose symptoms: agitation, chest pain, clammy skin, coma, convulsions, dizziness, drowsiness, extremely high fever, faintness, fast and irregular pulse, hallucinations, hypertension (see [hypertension](#)), hi-

No neck logo,
No just as with
Tramadol, a very
powerful case

athocil

rhea, fever, swollen joints, or unusual bruising or bleeding.

isk for developing infection which is not treated by this medication (superinfection) if taking this for extended periods of time.

ne: Paroxetine hydrochloride

Paxil is an antidepressant. It increases the concentration of certain chemicals responsible for brain nerve transmission.

R_Y QUICK FACTS

Purpose



Used to treat serious, continuing depression that interferes with the ability to function normally. Also used to treat obsessive-compulsive disorder and panic disorder.

Dosage



Take exactly as prescribed. Let your doctor know of any over-the-counter medications or prescriptions you are taking. Depression may begin to subside in 2 to 4 weeks; continue to take for the length of time your doctor prescribes.



Usual adult dose: 20 milligrams per day as a single dose in the morning. Doctor may prescribe up to 60 milligrams per day. Seniors or those with severe kidney or liver disease—10 milligrams per day up to 40 milligrams per day maximum. Now comes in suspension form.



Usual child dose: not generally prescribed for children.

Paxil 719

Missed dose: skip missed dose, go back to regular schedule. Do not double doses.

Side Effects



Overdose symptoms: drowsiness, enlarged pupils, nausea, rapid heartbeat. If you suspect an overdose, immediately seek medical attention.



More common side effects: abdominal pain, amnesia, anxiety, blurred vision, breathing disorders, burning sensation, chills, cold symptoms, constipation, decreased appetite, decreased sex drive, depression, diarrhea, difficulty concentrating, dizziness, drowsiness, dry mouth, emotional instability, fainting, feeling of general discomfort, fluid retention, frequent urination, headache, high blood pressure, increased coughing, inflammation of nose, intestinal gas, itching, male genital disorders, nausea, nervousness, pricking and tingling, rapid heartbeat, sleepiness, sleeplessness, stomach pain, stuffy nose, sweating, tremor, trouble ejaculating, vertigo, weight gain, weight loss, yawning.



Less common side effects: abnormal thinking; abortion; acne; agitation; alcohol abuse; allergic reactions; altered sense of taste; anemia; arthritis; asthma; back pain; belching; blood disorders; boils; breast pain; bronchitis; bruises; cessation of menstruation; chest pain; confusion; convulsions; difficulty swallowing; dilation of pupils; dizziness on standing; drugged feeling; dry skin; ear pain; eczema; excessive menstrual bleeding; excessive muscular activity; excessive urination; eye pain; feeling of persecution; feeling of unreality; female genital disorders; fevers; grinding of teeth; hair loss; hallucinations; high blood sugar; hives; hyperventilation; incoordination; increased appetite; increased salivation; indigestion; infection of hair follicles; infection of middle ear; infection of skin and mucous membranes; inflammation of the bladder, stomach, throat, tongue, urethra, or vagina; joint pain; lack of coordination; lack of energy; loss of muscle movement; loss of taste; low blood pressure.

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sure; lump in throat; manic reaction; menstrual difficulties; migraine headache; mouth ulcers; muscle disease; muscle pain; muscle rigidity; muscle twitching; muscle weakness; neck pain; nosebleeds; overactivity; painful or difficult urination; pneumonia; pounding heartbeat; rash; rectal bleeding; red or purple skin spots; respiratory flu; ringing in ears; shortness of breath; sinusitis; slow heartbeat; swelling of arm and legs; swelling of face; thirst; tightness in throat; tumor; urinary urgency; urinating at night; vision problems; vomiting. Rare side effects: abnormal gout; abnormal kidney function; abscesses; antisocial reaction; blood in urine; bloody diarrhea; breast cancer; bulimia; bursitis; cataract; chest pain; congestive heart failure; dark, tarry, bloody stools; decreased reflexes; decreased urination; dehydration; delirium; delusions; diabetes; difficulty performing voluntary movements; difficulty speaking; dimmed vision; double vision; drug dependence; elevated cholesterol; exaggerated feeling of well-being; extreme sensitivity to painful stimuli; eye hemorrhage; glaucoma; grand mal epileptic convulsions; heart attack; hepatitis; hiccups; hostility; hysteria; impacted stool; inability to control bowel movements; increased reflexes; increased sexual appetite; increased sputum; inflammation of the breast, gums, lining of the eyelid, lining of the stomach and intestine; inflammation of the outer ear, skin, or esophagus; intestinal blockage; intolerance of light; irregular heartbeat; jerky movement; kidney pain; kidney stone; low blood sugar; lung cancer; neck rigidity; osteoporosis; paralysis; pelvic pain; peptic or stomach ulcer; protruding eyeballs; red and painful spots on legs; salivary gland enlargement; sensitivity to light; sensitivity to sound; skin discoloration; skin tumor; spasms in arms and legs; stomach ulcer; stomach pain; stroke; stupor; swelling of thyroid; swelling of tongue; tooth cavities; ulcer on cornea; ulcers; yeast infection; varicose veins; vomiting blood; yellowed eyes and skin.

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Interactions

 Do not take if you have taken MAO inhibitors such as Nardil and Parnate within the past 2 weeks; can cause serious or fatal reaction. Inform your doctor before combining Paxil with: amitriptyline (Elavil), cimetidine (Tagamet), desipramine (Norpramin), diazepam (Valium), digoxin (Lanoxin), flecainide (Tambocor), fluoxetine (Prozac), imipramine (Tofranil), lithium (Lithonate), nortriptyline (Pamelor), phenobarbital, phenytoin (Dilantin), procyclidine (Kemadrin), propantheline (Rythmol), propranolol (Inderal or Inderide), quinidine (Quinaglute), thioridazine (Mellaril), tryptophan, warfarin (Coumadin).

 Do not drink alcohol during Paxil therapy.

Special Cautions

 If pregnant or planning to become pregnant, inform your doctor immediately. Appears in breast milk; could affect a nursing infant.

 Seniors are prescribed lower doses.

 Not generally prescribed for children.

 May impair your judgment, thinking, or motor skills. Do not drive or take part in any activity that requires alertness.

 Use with caution if you have: a disease or condition affecting your metabolism or blood circulation, a history of manic disorders, or seizures. Discontinue if you experience seizures.

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Generic name: Tripeleannamine hydrochloride
Other brand name: Peganamine